

**Work Order ID 103724****\*103724\***

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Item ID:	D4009-041	Accept	<b>*N900040100*</b>	Setup	Start	<b>*NS1*</b>
Revision ID:					Stop	<b>*NS2*</b>
Item Name:	BONDING BRAID					
Start Date:	6/25/13	Start Qty: 2.00	<b>*2*</b>	Cust Item ID:		
Required Date:	6/26/13	Req'd Qty: 2.00	<b>*2*</b>	Customer:	CU-DAR001	
Reference:	RMA RA111567 - <i>RETURN</i>			Run	Start	<b>*NR1*</b>
Approvals:	Process Plan: <i>V</i>	Date: _____	Tooling: _____	Date: _____		
	QC: _____	Date: _____	SPC (Y/N): _____	Date: _____	Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
<b>*100*</b> QC									
Quality Control	Memo	0.00	<i>5/31/24</i>						
	INSPECT RA111567 2 X D4009-041 B98563								
110	Identify as per dwg & Stock Location.	<i>STJY2</i>	0.00						
<b>*110*</b> Packaging	Memo	0.00							
Packaging	RETURN TO STK USING NEW B/N								
120	QC21- Final Inspection - Work Order Release	0.00							
<b>*120*</b> QC	Memo	0.00							
Quality Control									

*13/1/24**MF  
13-7-24*

**Picklist Print**

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**Work Order ID:** 103724**Parent Item:** D4009-041**Parent Item Name:** BONDING BRAID**Start Date:** 6/25/13**Required Date:** 6/26/13**Start Qty:** 2.00**Required Qty:** 2.00**Comments:** IPP rev A 10.02.02 new issue Prelim EC verified by:DD IPP Rev:B 10.05.03 as per ECN10-562 DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4009-041 BONDING BRAID		Manufactured	No				Each	7.0000		2			

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST242	6	
100267	2	
103155	4	
ST242A	1	
95639	1	



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____				<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>									
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>							
				Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Design															
Doc/Data															
Equip/Tooling															
Handling/Pre															
Material															
Operator															
Offset/Setup															
Process															
Supplier															
Training															
Transport															
Unapproved															
<b>FAULT CATEGORY</b>															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function				<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence				<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Date: 21-Jun-13  
 Customer Name: Panterra Heli Support Ltd.  
 Customer Code: PANT01  
 Telephone No: 905-563-1413  
 E-mail Address: mike@panterra.ca  
 Contact Name: Mike Tylee  
 Issued by: Lisa McMachen

DART RA Number: RA111567 - PART 2

DHS RA Number:  
 DHS PO #: PO5648  
 DART Invoice #: INV111718  
 Customer Ref: 13-519201  
 PAR/CAR/NCR/SQ: N/A

Quantity	Part Number	Description	Batch Number
1	D4008-041 103760	AUXILIARY TANK FILLER SPLASH GUARD	97593
3	TBA28B 103769	CABLE TIR FASTENER	058103
1	TY25MX 103770	TIE WRAP	1151095

Reason for Return: PARTS ARE IN RECEIVING. MANUAL CREDIT  
 NEEDED. PLEASE SEE PART 1 OF THIS RA. ALSO REFER TO RA111536

Credit Instructions:

- Full credit  
 None

Return Instructions:	Commerical Invoice	Yes <input type="checkbox"/>	Include on Commerical Invoice:
	Documentation (STC/ARC/ICA)	Yes <input type="checkbox"/>	Part Number/Description / Value in USD
	Packing Slip	Yes <input checked="" type="checkbox"/>	Parts are aircraft parts / return to Manufacturer

Shipping Instructions:	Prepaid	Collect	Courier	Account #
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RECEIVING RETURN AUTHORIZATION

Receiver:	Condition of Packaging:			Paperwork:	P/L	Photograph Required
					RA	
Date:	Freight Company:				NONE	Yes No
Quantity	Part Number	Batch	QC Verification	CHG #	W/O#	Disposition

QC Inspector:	Photograph Attached	Condition:						
		Yes	No	Sealed	Complete	Short H/W	Short Kit	No P/W Damaged
Date:		Special Return/Rework Instructions:						
QC Comments:		PARTS ARE IN RECEIVING						

Issue Credit: Yes	No	Invoice Amount: MANUAL
		Restocking Fee:
GM Approval:	Date:	Freight:
		Net Credit:
Quality Assurance:	Close Date:	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

Landing Gear	General									
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced		
Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up		
Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure		
Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld		
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled		
Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other		
Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>		<input type="checkbox"/>			
Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>		<input type="checkbox"/>			
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			